MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Application for cannabis cultivation, extraction and refinement/purification only

Remit **\$288.00** with this document (*\$164.00* for change of owner)

PLEASE TYPE OR PRINT

Application number:

Company/facility number:

Section 1: Owner information a. Permit to be issued to (company name): b. Federal tax ID #: c. NAICS #: d. Mailing/billing address (for above company name) include city, state and zip code: e. Facility or business license name (for equipment location): f. Facility Address — Location of equipment (if same as for company, enter "Same"): g. Equip. coordinates (lat/long): h. Contact name: i. Title: i. Email address: k. Phone: I. Type of organization (check one): ☐ Individual owner ☐ Partnership ☐ Corporation or LLC ☐ Cultivation ☐ Mechanical extraction ☐ Non-volatile chemical extraction m. Nature of business (check all that apply): ☐ Volatile chemical extraction ☐ Winterization ☐ Post-extraction refinement/purification ☐ Packaging/repackaging ☐ Edible goods manufacturing ☐ Other Section 2: Nature of application Application is for what type of permit: For modification or change of owner: ☐ New construction ☐ Modification ☐ Change of owner Current Permit Number: Do you claim Confidentiality of Data? □No ☐ Yes (attach explanation; specify which information provided is confidential) **Section 3: Equipment information** a. The following information is **REQUIRED** for each piece of equipment that either uses a volatile solvent or has the potential to release Volatile Organic Compounds into the air (Use additional sheets if necessary): Equipment Monthly Name(s) of Monthly manufacturer Used in what process(es)¹ throughput² Equipment model solvent used³ solvent loss4 Note 1: Extraction, distillation, refinement/purification, winterization, packaging, etc. Note 2: Include units such as pounds of cannabis feed material, grams of oil, etc.; Indicate the maximum possible throughput. Note 3: N-butane, propane, hexane, ethanol, isopropanol, etc. Note 4: Include units such as pounds or gallons.

-For District use only-

Invoice number:

Permit number:

Type of device: Fixed reger Rechargeable carbon canister unantity: Manne of sorbent: Sessel height, in inches: Sorbet depth, in inches: Sister spray rate, in gal/hour: Note of the spray rate, in gal/hour:	for each different type, make, mo sheets if necessary. Each building ODOR CONTROL SYS nerative bed Fixed carbon be Replaceable carbon canister Manufacturer: Sorbet weight per unit, in lbs.: Vessel diameter OR vesselt width:	will require a separate	permit.) ☐ Fluidized adsorber
Type of device: Fixed reger Rechargeable carbon canister unantity: ame of sorbent: essel height, in inches: orbet depth, in inches: ister spray rate, in gal/hour:	for each different type, make, mo sheets if necessary. Each building ODOR CONTROL SYS nerative bed Fixed carbon be Replaceable carbon canister Manufacturer: Sorbet weight per unit, in lbs.: Vessel diameter OR vesselt width:	will require a separate TEM 1 ed	permit.) ☐ Fluidized adsorber
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orbet depth, in inches: ister spray rate, in gal/hour:		Longth in inches	
ister spray rate, in gal/hour:	Carbont canacity in the of vanor of		<u>.</u>
	Sorbent capacity, in lbs. of vapor of	· · · · · · · · · · · · · · · · · · ·	
anaust fair fating, in tip.	VOC content of misting solution (a Exhaust fan capacity, in CFM:		stack diameter, in inches:
oes <i>any</i> exhaust stack from <i>any</i> of the above			Yes
bes any exhaust stack from any of the abo	ve diffes verit to the exterior of the	, building: 140	103
	ODOR CONTROL SYS	TEM 2	
Type of device: ☐ Fixed reger	nerative bed	ed Concentrator	☐ Fluidized adsorber
☐ Rechargeable carbon canister ☐	Replaceable carbon canister	Misting system 🔲 (Other:
uantity:	Manufacturer:	Model:	
ame of sorbent:	Sorbet weight per unit, in lbs.:		
essel height, in inches:	Vessel diameter OR vesselt width	(length, in inches:	
	Sorbent capacity, in lbs. of vapor captured per lb. sorbent:		
ister spray rate, in gal/hour:	VOC content of misting solution (a	as sprayed), in lbs./gallo	on:
	Exhaust fan capacity, in CFM:		stack diameter, in inches:
oes <i>any</i> exhaust stack from <i>any</i> of the above	ve units vent to the exterior of the	e building? No	Yes
	ODOD CONTROL CVC	TEM 2	
Type of device: ☐ Fixed reger	ODOR CONTROL SYS nerative bed ☐ Fixed carbon be		☐ Fluidized adsorber
			Other:
	Manufacturer:	Model:	
·	Sorbet weight per unit, in lbs.:	. Distric	t
	Vessel diameter OR vesselt width	 κ length, in inches:	
	Sorbent capacity, in lbs. of vapor o	aptured per lb. sorben	t
	VOC content of misting solution (
	Exhaust fan capacity, in CFM:		stack diameter, in inches:
oes <i>any</i> exhaust stack from <i>any</i> of the above	ve units vent to the exterior of the	e building?	☐Yes
ection 5: Miscellaneous s	O Alminib	- 41 5	

Section	6: (Operation	information

Facility annual operation by quarters (percent):	Expected extraction and post-extraction processing operating hours:		
☐ Uniform OR % Jan-Mar % Apr-Jun	Hrs/day Days/wk Wk/yr		
% Jul-Sep% Oct-Dec	Total annual hours		

Section 7: Receptor information

Distance (feet) and direction to the property line of closest residence:	Distance:	Direction:
Distance (feet) and direction to the property line of closest Vi glbYgg	Distance:	Direction:
Distance (feet) and direction to the property line of closest ?!% gMcc`:	Distance:	Direction:
Name of closest school (K-12)		
If the proposed equipment energies within 1,000 feet of a school site of	and anaration results in the ami	sion of hazardous air nollutants

If the proposed equipment operates within 1,000 feet of a school site and operation results in the emission of hazardous air pollutants, a public notice will be required at the expense of the applicant (CH&S §42301.6)

Section 8: Certification

I hereby certify that all information contained herein is true and correct.						
Name of responsible official	Official title	Signature of responsible official	Date signed			
Phone:		Email:				

*Please note: District staff may contact you for further information. Failure to provide additional information as requested in a timely manner may result in delays in the processing of this permit application.

If any odor control devices exhaust to the exterior of any building, additional Air Pollution Control Device (APCD) permit fees may be incurred.

If needed, internal combustion engine application forms can be found on our website at: http://mdaqmd.ca.gov/home/showdocument?id=4670

Application submission instructions:

- 1) Submit completed application to Engineering@mdaqmd.ca.gov
- 2) Pay the corresponding application fee of \$288 **per permit** for new or modified permit (or \$164 for change of owner) via check or credit card.

Payment by check:

Make check payable to the Mojave Desert AQMD Mail the check with a copy of this completed application to:

Mojave Desert AQMD

14306 Park Avenue Victorville, CA 92392

Payment by credit card:

Pay online at http://www.mdaqmd.ca.gov

Click "Pay Fees"

Please note: a surcharge applies for all credit card payments.

3) If payment is made online via credit card, please email the receipt to Engineering@mdaqmd.ca.gov Should you have any additional questions, please, do not hesitate to contact the permitting division at 760-245-1661, or via email at **engineering@mdaqmd.ca.gov**